

K052037 i/

**510(k) Summary of Safety and Effectiveness for the  
Hoffmann® II Micro™ Lengthener Line Extension**

Proprietary Name: Hoffmann® II Micro™ External Fixation System

Common Name: External Fixation Frame Components

Classification Name and Reference: Single/multiple component metallic bone fixation appliances and accessories, 21 CFR §888.3030

Device Product Code: 87 KTT

For Information contact: Vivian Kelly, Regulatory Affairs Specialist  
Howmedica Osteonics Corp.  
325 Corporate Drive  
Mahwah, NJ 07430  
Phone: (201) 831-5581  
Fax: (201) 831-6038

Date Summary Prepared: July 28, 2005

**Description:**

This line extension is to modify the lengthener components to the Hoffmann® II Micro™ External Fixation System. This component is an external fixation frame component and can be used with the components in other Howmedica Osteonics' external fixation systems such as the Hoffmann® II Micro™ External Fixation System, Hoffmann® II External Fixation System, Hoffmann® II Compact™ External Fixation System, Hoffmann® II Hybrid Frame System, Monotube Triax™ External Fixation System.

**Intended Use:**

The Hoffmann® II Micro™ External Fixation System is intended for use to provide stabilization of open and/or unstable fractures in children and adults where soft tissue injury precludes the use of other fracture treatments such as IM rodding or casting or other means of internal fixation and for use in reconstruction procedures in conjunction with commercially available Fixation Pins and/or Kirschner Wires. Specific indications include, but are not limited to:

- Bone fracture fixation
- Osteotomy
- Arthrodesis
- Correction of deformity
- Revision procedure where other treatments or devices have been unsuccessful
- Non-unions and delayed unions
- Compression/distraction and lengthening

**Substantial Equivalence:**

Equivalency is based on similarities in intended use, materials and design to the predicate devices and the mechanical performance demonstrating substantial equivalence to the predicate devices.



AUG 5 - 2005

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Ms. Vivian Kelly  
Regulatory Affairs Specialist  
Howmedica Osteonics Corp.  
325 Corporate Drive  
Mahwah, New Jersey 07430

Re: K052037

Trade/Device Name: Hoffmann® II Micro™ External Fixation System

Regulation Number: 21 CFR 888.3030

Regulation Name: Single/multiple component metallic bone fixation appliances  
and accessories

Regulatory Class: II

Product Code: KTT

Dated: July 28, 2005

Received: July 28, 2005

Dear Ms. Kelly:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

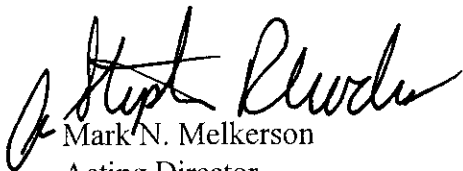
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 - Ms. Vivian Kelly

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", is written over the typed name.

Mark N. Melkerson  
Acting Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use

510(k) Number (if known):

Device Name: Hoffmann® II Micro™ External Fixation System

Indications for Use:

The Hoffmann® II Micro™ External Fixation System is intended for use to provide stabilization of open and/or unstable fractures in children and adults where soft tissue injury precludes the use of other fracture treatments such as IM rodding or casting or other means of internal fixation and for use in reconstruction procedures in conjunction with commercially available Fixation Pins and/or Kirschner Wires. Specific indications include, but are not limited to:

- Bone fracture fixation
- Osteotomy
- Arthrodesis
- Correction of deformity
- Revision procedure where other treatments or devices have been unsuccessful
- Non-unions and delayed unions
- Compression/distraction and lengthening

Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE OF  
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)

Division of General, Restorative,  
and Neurological Devices

Page 1 of 1

510(k) Number   K052037